

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING DIVISION

LICENSURE PREPARATION PROGRAM (LPP) LICENSED CLINICAL SOCIAL WORKER (LCSW) STANDARD WRITTEN EXAMINATION

The WET Division announces a limited number of slots available, at a discounted rate, for the MHSA WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

Through the Gerry Grossman Seminars, the following study package is now available:

Gerry Grossman Seminars LCSW Standard Written Study Package includes:

- Comprehensive Content Workbook
- Audio CD presentations
- Standard Written Online Test Bank
- Flashcards covering DSM, Theory, Law & Ethics
- Study Charts covering Crisis Assessment / Management and Theoretical Comparison Chart
- Live 1-Day Workshop
- Phone Consultation

MHSA-WET LCSW Standard Written participant price: \$50

LCSW Standard Written Workshop date and location for June:

Date: Sunday, September 9, 2012 (9am - 5pm) Location 12304 Santa Monica Blvd., Ste.115

Los Angeles, CA 90025

Limited space available Application deadline: June 20, 2012 or when slots are filled

****Attendance to the Live One-Day workshop is required for all MHSA-WET LCSW Standard Written Examination participants.

Eligibility:

- Must be in good standing with current employer; no disciplinary action within the last year
- Approved by the licensing board to take the licensure examination
- Must have completed the required supervision hours
- Must take the examination by the end of 2012
- Currently providing a minimum of 65% of their time in <u>direct clinical services</u> in public mental health

Priority will be given to clinicians who meet the following criteria:

- If applicable, license waivered agreement with employer to expire within 12 months
- Previous attempt(s) at passing the LCSW Standard Written Examination

INSTRUCTIONS:

- Please scroll down for the application form. Application form must be completed and faxed to Anna Perne, LCSW, at (213) 252-8775 or (213) 252-8776. Applications will be accepted until June 20, 2012 or when slots are filled.
- 2. An e-mail confirmation will be sent to those applicants, who are approved.
- 3. Participants will be given a phone number to register, and pay the non-refundable fee of \$50 to Gerry Grossman Seminars.
- 4. Gerry Grossman Seminars will register the participants for the requested workshop, and the study package will be mailed to the address provided on the application when payment is received.

All applications are reviewed. Submission of application is not a guarantee of approval.

CONTACT: Anna Perne, LCSW /E-mail: aperne@dmh.lacounty.gov



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| TITLE: LPP: LCSW STANDARD WRITTEN EXAMINATION | | | WORK | WORKSHOP DATE: | | |
|---|---|--|---|--|--------------------------------------|--|
| FIRST NAME: LAST NAME: | | | | | | |
| JOB TITLE: | | | | ETHNICITY: (optional) | | |
| AGENCY: | | | PROGRAM: | | | |
| MAILING ADDRESS FOR STUDY PACKAGE: | | | | | | |
| CITY: | | STATE: | | ZIP: | | |
| PHONE #: | E-MAIL: (required for infor | rmation) | | | | |
| LANGUAGE(S) FLUENCY, OTHER THAN ENGI | LISH: | | | | | |
| Service area of employment, please circle | 1 2 | 3 4 | 4 5 | 6 7 8 | | |
| Have you taken the LCSW Standard Writter | n Examination pro | eviously? ր | olease circle: | yes no | | |
| Are you taking the examination by the end of | of 2012? pleas | e circle | es no | | | |
| Is your license waivered agreement with you | ur employer expi | ring within 12 | 2 month? ple | ease circle yes | no | |
| Name of Applicant (Print) clinical se his/her e applicant | ervices in public in mployer with in the successfully coved by the lice | mental healtl o disciplina completed the | n and is curre ry action wi ne required s | f 65% of his/her time in ntly in good standing within the last 12 mor supervision hours and the LCSW Standard | vith nths. The d | |
| | the following ter | rms and con | ditions: | | | |
| Name of Applicant (Print) Completes the licensure preparation participates in all the offerings of the Provides Workforce Education and information relating to employment a Understands that the mandatory works. | program. Training (WE) nd promotional s | T) Division tatus. | examination | | er | |
| If approved by the WET Division, participant in Gerry Grossman Seminars. (Contact name an approved. | | | | | е | |
| | Signature of A | pplicant | | Date | | |
| Return Application to: Anna Perne, LCSW WET Training Coordinator | Signature of S | Signature of Supervisor | | Date | | |
| Fax: (213) 252-8775 OR (213) 252-8776 E-mail: <u>aperne@dmh.lacounty.gov</u> Phone: (213) 251-6422 | Name of Supervisor / Phone Number | | | | | |

Email Address of Supervisor